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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/328296</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/		51		/	
2	/		/		/		52		/	
3	/		/		/		53		/	
4	/		/		/		54		/	
5	/		/		/		55		/	
6	/		/		/		56		/	
7	/	3	/	3	/	3	57		/	2
8	/		/		/		58		/	2
9	/		/		/		59		/	2
10	/		/		/		60		/	2
11	/		/		/		61		/	2
12	/	1	/		/		62		/	2
13	/		/		/		63		/	2
14	/		/		/		64		/	2
15	/		/		/		65		/	2
16	/		/		/		66		/	2
17	/		/		/		67		/	2
18	/		/		/		68		/	2
19	/		/		/		69		/	2
20	/		/		/		70		/	2
21	/		/		/		71		/	2
22	/		/		/		72		/	2
23	/		/		/		73		/	2
24	/		/		/		74		/	2
25	/	4	/	4	/	4	75		/	2
26	/		/		/		76		/	2
27	/		/		/		77		/	2
28	/		/		/		78		/	2
29	/		/		/		79		/	2
30	/		/		/		80		/	2
31	/		/		/		81		/	2
32	/	6	/		/		82		/	2
33	/		/		/		83		/	2
34	/		/		/		84		/	2
35	/		/		/		85		/	2
36	/		/		/		86		/	2
37	/		/		/		87		/	2
38	/		/		/		88		/	2
39	/		/		/		89		/	2
40	/		/		/		90		/	2
41	/		/		/		91		/	2
42	/		/		/		92		/	2
43	/		/		/		93		/	2
44	/		/		/		94		/	2
45	/		/		/		95		/	2
46	/		/		/		96		/	2
47	/		/		/		97		/	2
48	/		/		/		98		/	2
49	/		/		/		99		/	2
50	/		/		/		100		/	2
Total Indep	26		10		18		Total Indep			
Total Depend	26		106		128		Total Depend			
Total Claims	52		116		146		Total Claims			

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CLAIMS	FIRST AMENDMENT		SECOND AMENDMENT	
	Indep	Depend	Indep	Depend
1	1			
2		1		
3		1		
4	1			
5		1		
6		1		
7		3		
8	1			
9	1			
10				
11				
12				
13				
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15				
16				
17				
18				
19				
20				
21	1			
22	1			
23	1			
24		1		
25	4			
26		4		
27				
28				
29				
30				
31				
32				
33				
34	1			
35	1			
36	1			
37				
38		3		
39				
40				
41				
42				
43				
44	1			
45				
46				
47				
48				
49				
50				
Total Indep	18			
Total Depend	28			
Total Claims	146			